AF) 2133.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on June 14, 2004

Tanya Parker

(Typed or Printed Name of Person Matthins Paper or Fee)

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. SUN-P5390-RJL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| IN RE | PATENT APPLICATION OF |) | | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|
| James | E. Kocol |) Examiner: Dooley, Matthew C. | | | | |
| Serial | No. 09/854,095 |) Group Art Unit: 2133 | | | | |
| Filing Title: | Date: May 11, 2001 APPARATUS METHOD TO FACILITATE SELF-CORRECTING MEMORY | PECEIVED JUN 1 8 2004 Technology Center 2100 | | | | |
| | AMENDMENT TRANSP | MITTAL LETTER | | | | |
| Assista P.O. E | Stop: <u>AF</u> ant Commissioner for Patents Box 1450 andria, VA 22313-1450 | | | | | |
| Sir: In | connection with the above-referenced U. S. p | atent application, transmitted herewith | | | | |
| are the | following papers: | | | | | |
| [x] | Response under 37 C.F.R. § 1.111 to of | Response under 37 C.F.R. § 1.111 to official action mailed <u>June 4, 2004.</u> | | | | |
| [] | A petition for extension of time is also enclosed with a fee of \$55.00 for a one- month extension for a small entity. | | | | | |
| [] | [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including | | | | | |
| | [] check for \$110.00 fee under 37 C.F.I | R. § 1.20(d), and | | | | |
| | [] 2 certificates under 37 C.F.R. § 3.73 | (b). | | | | |
| [] | Information disclosure statement, form | 1449 and references. | | | | |

No additional claims fees are required.

[x]

[] An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------|-----------------|----------|------------|--|--|--|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE | | | |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | | | | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | | | | |
| If Amendment adds multiple dependent claims, add \$260.00 Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | | | | |
| TOTAL ADDITIONAL | \$0.00 | | | | | | | |

| [] A check in the amount of \$ | is enclosed. |
|--------------------------------|--------------|
|--------------------------------|--------------|

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Tel: (530) 759-1663 FAX: (530) 759-1665

Respectfully submitted,

Edward J. Grundler

Registration No. 47,615

Date: June 14, 2004

^[] Charge \$__ to Deposit Account No. ___ (Docket No. ___).

[[]x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. SUN-P5390).